OCCUPATION IS PHYSICIANS RECORD 10 PERMANENT EXACTLY. classified. 4 AGE supplied. UNFADING certificate. plain See Instructions of Information DEATH CAUSE OF Important. S

3 SEY

7 AGE

ARENTS

16

Filed.

6 DATE OF BIRTH

BOCCUPATION

(a) Frade, profession, or

business, or establishment lo

which employed (or employer)

particular kind of work (b) General nature of industry,

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

3239

1 PLACE OF DEATH

PERSONAL AND STATIST

4 COLOR OR RAC

(Month



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ett dooth accurred in

1	St.; Ward) a hospital or institution, give its NAME lostead et street and number.]
ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, Married ORDINATORO (Write the word)	(Month) (Day) (Year)
, 1871	Mch 19 , 1914, to Jach 19 , 1914,
(Year) If LESS than day,hrs. ORmlo. ?	that I last saw h all alive on A 19 1914 and that death occurred on the date stated above, at 6, 25 fm, The CAUSE OF DEATH* was as follows: A a kty heart
, land Taylor	(Secondary) (Signed) (Signed) (Addross) (Doration) (Doration) (Signed) (Signed) (Addross) (Addross) (Doration) (Doration) (Doration) (Doration) (Signed) (Signed) (Addross) (Addross)
Elanes	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

OR RECENT RESIDENCE (FOR H	DSPITALS, INS	TITUTIONS	, TRANSIEN	T
At place ot death yrs mos ds.	In the State	yrs,	mos.	d
Where was disease contracted,				

Former or

osual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

REGISTRAR 1f more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. 40

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritia cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never repor nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train—acci--Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Coner" is less definite; avoid use of "Tumor" for malk The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can State cause for Examples:



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S. No. 1.

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Every Item of information should be carefully supplied, AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS IS WITH PLAINLY, WRITE

1 PLACE OF DEATH comico





STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist, No.
Vittage or City Mardela (No., _	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME WWW 1001	MINNEMA
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWED, OnDIVORCED (Write the word)	(Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h
7 AGE (Month) (Day (Year) 1 dayhrs. yrs	and that desth occurred on the date stated sbove, atm, The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Still—Postti
9 BIRTHPLACE (State or country) Mandela Md.	Secondary
10 NAME OF FATHER D. C. adkins	(Signed) Spaac Le English , 4. 0.
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accides Tal, Suicidal, or Homicidal.
of MOTHER Mararte armstrong	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)
13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrs,mos,ds. Stateyrs,mos,ds Where was disease contracted,
(Informant)	If not at place of death?————————————————————————————————————
(Address) Mandela Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1914
Filed,181	20 UNDERTAKER ADDRESS

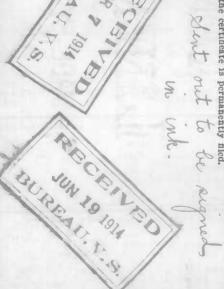
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Thu it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puenperal septichaeetc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," oma, Sarcoma, etc., of........ (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant ncoplasms); Measles; Whooping cough; Chronic dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," cte.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head The nature of the Never report



V. S. No. 1.

	RECORD	PHYSICIANS should state it of OCCUPATION is very
V. 36. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
9		

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE SINGLE, MARRIED, MONth) (Ilay) (Year) 17 1 HEREBY GERRIFY, That I attended deceased from the I last saw hand that death occurred on the date stated above, at the CAUSE OF DEATH* was as follows: B'OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or aslablishment in which employed (or employer) (Duration) MEDICAL CERTIFICATE OF DEATH MARRIED, MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH MARRIED, MEDICAL CERTIFICATE OF DEATH MARRIED, MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH MARRIED, MEDICAL CERTIFICATE OF DEATH MARRIED, MONTH MARRIED, MONTH M	rred to litution, lastead aber.]
3 SEX 4 COLOR OR RACE MARRIES, MISOWED, ORIGINAL TO MONTH 6 DATE OF BIRTH MONT 7 , 19/4 (Month) (Day) (Year) 7 AGE Born Dead If LESS than 1 day, hrs. yrs. mos. ds. OR min.? 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or aslablishment in (Duration) Month (Month) (Day) (Year) (Year) That I last saw h alive on year alive on year alive on year alive on year and that death occurred on the date stated above, at the CAUSE OF DEATH* was as follows: (Duration)	ar)
Born Wead 1 day, hrs. or min.? **OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	
business, or establishment in (Duration) yes mos	m,
9 BIRTHPLACE (State or country) / (Secondary)	********
10 NAME OF FATHER HORNIUS Addrus (Signed) . R. CWALLS M. 1.1 BIRTHPLACE OF FATHER (State or country) Wicomico C. 7Md. *State the Disease Causing Death, or, in deaths from Violence Causes, state (1) Means of Injury; and (2) whether Accidence of Mother Manie 14,00 p.1. 1.2 MAIDEN NAME OF MOTHER MANIE 14,00 p.1. 1.3 LENGTH OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSPORTED TO A COUNTRY OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSPORTED TO A COUNTRY OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSPORTED TO A COUNTRY OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSPORTED TO A COUNTRY OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSPORTED TO A COUNTRY OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSPORTED TO A COUNTRY OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSPORTED TO A COUNTRY OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSPORTED TO A COUNTRY OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSPORTED TO A COUNTRY OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSPORTED TO A COUNTRY OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSPORTED TO A COUNTRY OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSPORTED TO A COUNTRY OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSPORTED TO A COUNTRY OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSPORTED TO A COUNTRY OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSPORTED TO A COUNTRY OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSPORTED TO A COUNTRY OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSPORTED TO A COUNTRY OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSPORTED TO A COUNTRY OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSPORTED TO A COUNTRY OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSPORTED TO A COUNTRY OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSPORTED TO A COUNTRY OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSPORTED TO A COUNTRY OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSPORTED TO A COUNTRY OF RESIDENCE FOR HOSPITALS INSTITUTED TO A COUNTRY OF RESIDENCE FOR HOSP	M. D.
13 BIRTHPLAGE OF MOTHER (State or country) Wecomico CMA 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Formula Adherma (Informant) CMA The Above is true to the best of my knowledge The Above is true to the best of my knowledge The Above is true to the best of my knowledge The Above is true to the best of my knowledge The Above is true to the best of my knowledge The Above is true to the best of my knowledge The Above is true to the best of my knowledge The Above is true to the best of my knowledge The Above is true to the best of my knowledge The Above is true to the best of my knowledge The Above is true to the best of my knowledge The Above is true to the best of my knowledge The Abo	
(Address) Salisbriry R. D # 3 19 PLAGE OF BURIAL OR REMOVAL Dethel Cynetary Mar. 8, 1914 Plage of Burial or Removal Dethel Cynetary Mar. 8, 1914 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.	15.01

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers additional line is provided for the latter statement; gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. heen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as nine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fence (the only definite synonym is "Epidemic cerelrospinal meningitis"); Diphtheria (avoid use of "Croup"): Typhoid fence (never report "Typhoid pneumonia"): Lohar pneumonia; Bronchopneumonia ("Theumonia." unqualified, is indefinite); Tuberculowis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL septichaeample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tetanus) (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APRIS 1914

No.

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	FULL NAME : Amelia Ame	
	PERSONAL AND STATISTICAL PARTICULARS	
3 51	Color of RACE Single, MARRIED, Married WIDOWED, ORDINORCED (Write the word)	16
	Securities 18, 1850 (Month) (Day (Year)	the
7 A	1 day,hrs.	and
-	yrs mos ds. OR min. ?	The
(a) pai (b) bus whi	CCUPATION Trade, profession, or ficular kind of work General nature of industry, iness, or establishment in ch employed (or employer) RTHPLACE (State or country)	The
(a) pa (b) bus whi	Occupation Trade, profession, or Ticular kind of work Deneral nature of industry, iness, or establishment in ch employed (or employer) RTHPLACE (State or country) Chlargeand Prainie Co, 10 NAME OF FATHER Cherles Sasselds	(Sig
(a) pai (b) bus whi	CCUPATION Trade, profession, or Ticular kind of work Deneral nature of industry, iness, or establishment in ch employed (or employer) Claryland Bramica Co,	******

1 PLACE OF DEATH

3242

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. lif death occurred in St.;--Ward) a hospital or lostitution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH (Month) (Day I HEREBY CERTIFY That I attended decessed from occurred on the date stated above, a F DEATH * was as follows: 191 (Address) DISEASE CAUSING DEATH, or, in deaths from Violent to (1) Means of Injury; and (2) whether Acciden-L, or HOMICIDAL. F RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, RESIDENTS) la the 'S. mos. State __ _ ds. e contracted. death?... usual residence DATE OF BURIAL 20 UNDERTAKER ADDRESS

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an (a) Spinner, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, pertionaeum, etc., Carcin-

cause of death approved by Committee on Nomenclature of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperar septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; may be stated under the head of (Recommendations on statement of (secondary or intercurrent) State cause for



1 PLACE OF DEATH STATE OF MARYLAND Very CERTIFICATE OF DEATH OCCUPATION IS Should Registration Dist. No. PHYSICIANS Ilt death occurred in .Ward) a hospital or Institution, give its NAME Instead of street and number.] ō statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 5 SINGLE, MARRIED, married WIDOWED, (Write the word) (Month) (Day I HEREBY CERTIFY That I attended deceased from DATE OF BIRTH classified. (Month) (Day (Year) 7 AGE it LESS than D and that death occurred on the date stated above, at. 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? properly BOCCUPATION (a) Trade, protession, or INK particular kind of work pe (b) Deneral nature of industry. UNFADING business, or establishment in may which employed (or employer) -----9 BIRTHPLACE Contributory that it i (State or country) Secondary 10 NAME OF (Signed) 80 50 back ARENTS 11 BIRTHPLACE (Address) pino OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLEND CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident 12 MAIDEN NAME plain TAL, SUICIDAL, OF HOMICIDAL. instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER DEATH (State or country ot death yrs. mos. ds. State yrs. ____ mos. Where was disease contracted. THE BEST OF MY KNOWLEDGE See If not at place of death? Former or (Informant)/ OF CAUSE OF important. usual residence BURIAL OR REMOVAL DATE OF BURIAL Every (Address) Coldes Allen Ma ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

BINDING

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[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic "Contributory." such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1914 BURBAU. V.S. RECORD

PERMANENT

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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1 PLACE OF DEATH

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County Maconnier



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 333

Village or Citymeor Salsh	my (No 5- (Parsons.	Diet st.	Ward)
	1/			

[If death occurred is a hospital or institution,

	FULL NAME Novis 10 Care	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17
6 DA	Auly 2 1913 (Month) (Day (Year)	that I last saw h ser alive on man 2 9 1914
7 AG	If LESS than 1 day,	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
(a) par (b) busi	Trade, profession, or ticular kind of work. General nature of Industry, ness, or establishmeot in the mployed (or employer)	Johnson Jones 1 des (Duration) yrs mos 1/2 des
9 81	RTHPLACE (State or country)	Contributory Sub Collabo Secondary
STN	10 NAME OF FATHER ENTROPY M Carrey 11 BIRTHPLACE OF FATHER (State or country) MA	(Signed)
PAREN	12 MAIDEN NAME Eleanor Southerlan	CAUSES, STATE (1) MEANS OF INJURY; and (2) Whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds
	Informant) Employ M. Carey	Where was disease contracted, If not at place of death? Former or usual residence.
16	(Address) Salisbry Md R. D. H. 4	Parsons benuty Date of Burial New 30, 191

REGISTRAR

n more blanks are needed, address State Registrar, 6 E. Franklin St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewifc, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples: (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for



STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. OCCUPATION It death occurred in a hospital or institution. RECORD give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH RMANENT EXACTLY. 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) (Dav) Exact HEREBY CERTIFY, That I sttended deceased from 6 DATE OF BIRTH classified. Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day,hrs. OR ? properly BOCCUPATION AG (a) Trade, profession, or particular kind of work. supplied. (b) General nature of Industry, pe business, or establishment in may which employed (or employer) certificate. Contributory 9 BIRTHPLACE (State or country) (Secondary) that Œ 10 NAME OF FATHER (Signed) 000 0 NAROIN 11 BIRTHPLACE terms, ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME plain OF MOTHER Instructions Information 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER 2 At place In the of death. of Inford yrs. mos. ... State yrs. (State or country Where was disease contracted. if not at place of death?. Former or Item OF usuel residence. mportant. Every It 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 26 UNDERTAKER ADDRESS 8 REGISTRAR ż If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balte., Requesting V. S. No. 1.

[Approved by U. S. Census and American Fublic Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative lealthful-(a) Spinner, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b) If the occupation has As examples: For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencla sucb, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Pursperal scotichaeetc., when a definite disease can be ascertained as the ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, BUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio--Kart fallure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitlal nephritis oma. Sarcoma. etc., of __ mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Old Age," "Shock," 'Tracmia," "Weakness," "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," __ (name origin; "Can-State cause for "Exhaustion," Examples: 20

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1914
BUREAU. V.S.

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SICIANS should PERMANENT NX UNFADING piai 5 DEATH ō item OF Important. Every H

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

It death occurred in a hospital or lostitution, give its NAME Instead ot street and number.]

DATE OF BURIAL

ADDRESS

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 18 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from 23 191 4 to Mars. that I last saw home alive on Orvan 9 , 191.4 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. 1 day,....hrs. The CAUSE OF DEATH * was as follows: OR ? 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which amployed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country ... yrs. mos. ds. State ... Where was disease contracted. If not at place of death? Former or

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

usual residence.

20 UNDERTAKER

19 PLACE OF BURIAL OR REMOVAL

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin

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T. S. No. 1.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See Instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N.B.

PLACE OF DEATH 3247	STATE OF MARYLAND
County Wicomico	CERTIFICATE OF DEATH
Neas 1 1	Registration Dist. No. 334
Village or City Salvbury (No,	St.;Ward) [If death occurred in a hospital or institution,
* FULL NAME Not mamed	Desharoon give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Adle 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)
B DATE OF BIRTH	HEREBY CERTIFY. That I attended deceased from
(Month) (Day) (Year)	that I last saw handlive on 20,191 4
AGE If LESS than	and that death occurred on the date stated above, at 10 4 m,
O yrs. O mos. G ds. OR. min. ?	The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) Genoral nature of Industry,	
business, or establishment in	(Duration) yrs. mos. ds.
which employed (or employer)	Contributory
(State or country) Wear Salisbury Md.	(Secondary) (Deration) yrs mos ds.
10 NAME OF Arthur Disharoon	(Signed) Henry & wall, M. D.
11 BIRTHPLACE	han 2), 191 (Address) delichen
OFFATHER (State or country) Wicomico Co. Md.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
of MOTHER Mary Cantwell	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
OF MOTHER (State or country) Salisbury Md.	OR RECENT RESIDENTS) At place lo the of death yrs mos ds. State yrs, mos ds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Albert Le. Disharovu	Former or usual residence
(Address) Salirbury (Mol.	19 PLACE OF BURIAL OR REMOVAL MAN DATE OF BURIAL P. M.
2 / 222 121/2	20 UNDERTAKER ADDRESS
Filed Moh 27 1914. Bodray fores REGISTRAR	geo. E. Hill Salisbury
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an csses, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

childbirth or miscarriage, as "Puerperal scottcharetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acclsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report usat ncoplasms); Weasles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) (Recommendations on statement of __ (name origin: "Can Examples:



V. S. No. 1.

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	T RECO	ont of OC
פֿעמ	A PERMANEN	be stated EXACTLY
ב כי	VK-THIS IS	AGE should I properly classif
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	UNFADING II	that it may be certificate.
MARGIN RESERVED TOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	WRITE P	ry item of inforiSE OF DEATH ortant. See instr
V. S. No. 1.		N. B.—Eve CAL

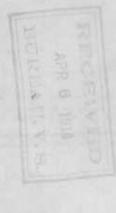
PLACE OF DEATH 3248 County Wieomico	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 3.5.9
Village or City New Salisbury (No	St.; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED MIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY. That I attended deceased from
Month) (Day) (Year)	that I last saw have allve on 7 1 2 191
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
(a) Irade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Mo	(Duration) yrs. mos. ds. Contributory (Secondary)
10 NAME OF THOMAS & Carker 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(informants Alfred J. Lucency (Address) Salisbuy Mc R D # 4	Where was disease contracted, If not at place of death? Former or usual residence
Filed Buckel 9 , 193, 4 REGISTRAR	Dollana Mec Salisbury M
IL dore blanks are needed address State Regis trar,	B. Eranklin St., Balto., Reguesting V. S. No. 1.

[Approved by U. S. Census and American Public Bealth Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing deciden with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage. as "Tuerperal scotichae--Hart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably sulcide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vroetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of __ "Contributory." "Collapse." "Coma," "Convultions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report mant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Old Age," "Shock," 'Traemia," "Weakness," Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.: "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can Examples:



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-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in pialn terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNEADING INK-THIS IS N. B.-

County Welowies 3249	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City (No. (No.) 2FULL NAME Darah Gar	St.; Ward) [It death occurred in a hospital or lostitution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Color or RAGE Single, Married, Married, Widowed, Or Orbitored (Write the word)	16 DATE OF DEATH Masch 31 ,1914 (Year)
func 26, 1882 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from Mas 29, 1914, to Cream, 31, 1914, that I last saw h 2 allye on Mas 30, 1914.
3 2 yrs 9 mos 5 ds OR min. ?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 3 ds.
9 BIRTHPLACE (State or country) Nicomico Co 10 NAME OF FAPHER Solomon Emis	Contributory Secondary (Doration) yrs mos fifts. (Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country) Niconice &, 12 Mainten NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Prévinces Co	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds
(Informant) Samuel M. Orowe	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Mardels, Ms. X Mg) 16 Filed 191	Leon hurch april 1914 20 UNDERTAKER ADDRESS
REGISTRAR	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specifirst line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the nisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childblrth or miscarriage as "Puerperal septichae Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or Intercurrent) tctanus) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of Never report For vio-



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Very should is PHYSICIANS show RECORD PERMANENT D proper supplied, UNFADING certificate. that 50 back PIN Instructions plai 5 DEATH See ō Item OF mportsnt. CAUSE

1 PLACE OF DEATH STATE OF MARYLAND ERTIFICATE OF DEATH Registration Dist. No.-Ilf death occurred in a hospital or institution, give Its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Write the word) (Dav (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE . 191.5. (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At piace In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs. ____ mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at piace of death? Former or usual residence OR REMOVAL 16 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal cated thus: Farmer (retired 6 yrs.) For persons who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," cngineer, The (6)

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RECORD

3251 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No.
/illage or City Helron (No, _	St.; Ward) [It death occurred in a haspital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
remate white ("Wire the word)	10 DATE OF DEATH Warch ZO ,1914 (Month) (Day (Year)
DATE OF BIRTH Cot (Month) (Day (Year) (Year)	that I last saw h alive on [191.4]
yrs 6 mos ds OR min. ?	and that death occurred on the date stated above, at 3 0 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Infantile Paralyses (Ouration) yrs mos os
(State or country) Wicomico Co	Contributory Secondary
10 NAME OF FATHER L 74. Hall 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) 74 to Correlated, M. D. Martil, 191 4 (Address) 14 broad Mg *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the nt death yrs, mos ds. State yrs, mos ds Where was disease contracted,
(Address). Hebrus	If not at place of death? Former or USUAL residence 1º PLACE OF BURIAL OR REMOVAL Lebron Cem. at Hebron Md. Mch. 21 25, 1944. 2º UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid denemonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDDWED. (Month) (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUCIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) State _____ yrs, __ ... yrs. mos. ds. Where was disease contracted. KNOWLEDGE If not at place of death? Former or (Informant) usual residence BURIAL OR REMOVAL 15 Filed On and ADORESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred in Village or City Ward) a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, MUNY WIDOWED. (Month) ORDIVORCEO I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Address) 11 BIRTHPLACE ARENT OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL OF MOTHER 1 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER ot death State yrs. mos. ds yrs, mos. ds. Where was disease contracted. If not at place of death? usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER

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cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative leaithful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock." 'Traemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report Examples: 0

If this certificate is looked over thoroughly and all qurstions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECE VED
APR 4 1914
BUREAU, V.S.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N

PLACE OF DEATH 3254	CERTIFICATE OF DEATH
County Transleto	Registered No.334
Village or City Fear Salisfunyon	St; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH ANY 26 (North) (Day) (Year)	Mar 18, 1914, to Mar 21, 1914, that I last saw have alive on Mor 20, 1914
7 AGE If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at
S OCCUPATION (a) Trade, profession, or particular kind of work	acute Delatation of Heart
(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory Chronic Employeema 7
OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) Os L. Me Guy hlin , M. D. MAY Y Y, 191 4 (Address) Truitland, Med. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
OF MOTHER Office Miller, 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds, State yrs, mos, ds. Where was disease contracted,
Interment, Josephine Harison.	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR A.
Filed Merch 21", 1914, Sorrey Janes REGISTRAR	Geo. C. Hill Salisburg
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekecpers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation bas should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage, as "Purrereal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. nant neoplasms) : Measles; Whooping cough; Chronio oma. Sarcoma. etc., of The contributory (secondary or intercurrent) is icss definite; avoid use of "Tumor" for mailg-"PUERPEBAL peritonitis," "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Can-Examples:



on back of

See instructions

important.

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mar. 4

No.

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PLACE OF DEATH	STATE OF MARYLAND
County	CERTIFICATE OF DEATH Registration Dist, No. 333
	Johnson Cold [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Surgle MARATEO, WILDOWER, ORDINARCEO (Write the word)	16 DATE OF DEATH (Month) (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (Month) (Day (Year)	Fy 24 1914 to ma 2 191 &
if LESS than 1 day,hrs. OR min.? **OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	snd that death occurred on the date stated above, at // 2 m The CAUSE OF DEATH* was as follows:
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Gontributory Secondary
10 NAME OF FATHER John N. Warkington	(Signed) JV B. Walls , M. D. 1914 (Address) Reliable Section (Address) (Add
11 BIRTHPLACE OF FATHER (State or country) Wilmingh & L 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) (A) A Long of the long of t	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot deathyrs,mos,ds. Stateyrs,mos,ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE MY (Informant)	Where was disease contracted, It not at place of death? Former or usual residence.
(Address) allabun	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuleated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the nisease should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for ctc., when a definite disease ean be ascertained as the ample: Measles (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Candeut; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal scptichaemus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED APR 4 1914 BURBAU. V.S. WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it mi Important. See instructions on back of certificate.

of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

RECORD

A PERMANENT

1 PLACE OF DEATH

3256



STATE OF MARYLAND

County MA Corna Co	CERTIFICATE OF DEATH
	Registration Dist. No. 333
Village or City Selven (No,	St.; Ward) [It death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Inale leolard 5 single, Married, Wisowes, Married (Write the word)	16 DATE OF DEATH March 14, 1914 (Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 191, 191, 191
7 AGE It LESS than t day, hrs. OR min. ?	and that death occurred on the date stated above, at Z P m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which applications.	alcolodic Porsoning (Duration) yrs mos ds
**BIRTHPLACE (State or country) Wagnessee Country	Contributory Secondary (Doration)yrsmosds
OF FATHER William Johnson 11 BIRTHPLACE OF FATHER 2	(Signed) 7.6.6 omaway M. D. Warek 15, 191 4 (Address) Helvoy M. D.
OF FATHER (State or country) Miconnies Country 12 MAIDEN NAME OF MOTHER Sallie A Mohname	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs, mos ds Where was disease contracted, It not at place of death?
(Intermant) John Flower Colols (Address) Helman Clols	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Mar. 14, 1914 De S. Philogo REGISTRAR	Marolela Throngs Mar. 16 , 1914
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For VIO-



OCCUPATION RECORD 6 statement PERMANENT classified. properly UNFADING may that it r WITH terms, n back DEATH in plain See instructions of plain 90 OF Every item CAUSE OF important.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 18 DATE OF DEATH MARRIED, Married WIDOWED. (Month) (Dav ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 12 191 (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at. 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry. business, or establishment in which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death _____ yrs. ____ mos. ____ ds. State yrs. _ Where was disease contracted. tf not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 16 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulduties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not minc, etc. material worked on may form part of the second who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoulessis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As cause of death approved by Committee on Nomenclascpsis, tctanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head (secondary or intercurrent) Never report OI



MARGIN RESERVED FOR BINDING

V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH 3258	STATE OF MARYLAND CERTIFICATE OF DEATH
Januarii	Registration Dist. No. 333
2 FULL NAME John W Agnes	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mall Apo Ammen (Write the word)	16 DATE OF DEATH (Month) (May (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH May 20 1872	1913 to M/3 1914,
(Month) (Day (Year) 7 AGE If LESS than	that I last saw ham alive on All In 1915
39 yrs 9 mos 2 4 ds. OR min.?	and that death occurred on the date stated above, at
(a) Trada, profession, or particular kind of work	Suberculoses
(b) General nature of industry, business, or establishment in which amployed (or empioyar)	(Duratien) Vyrs mos ds.
9 BIRTHPLACE (State or country)	Contributory
10 NAME OF Jacob James	(Signed) (Signed), M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH OF in double this year
12 MAIDEN NAME OF MOTHER Sally With	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) Mg(At place in the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place ot death?
(Informant) Elled 9 9 pm	Former or usual residence
15 place /10 1914 N Pfurmer	Surfers Certain Journal Date of Burial Musters Certain Manual 1914
If more blanks are needed, address State Regis	bolloway & Co Salisbury md

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits ean be known. The question duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons causino death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronie eer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accichildbirth or miscarriage as "Puerperal septichacete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably eause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State eause for



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Y. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 3259	STATE OF MARYLAND
County Nicomics	CERTIFICATE OF DEATH
	Registration Dist. No. 3.3.3
Village or City Salisbury (No. 5 /	Parsons dist: Ward) [If death occurred in a hospital or institution,
* FULL NAME Gladys Routh Z	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WISDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH MUCL S, 191 (Year) (Month) (Day) (Year) I HEREBY CERTIFY, That I sttended deceased from
OATE OF BIRTH (Month) (Day) (Year)	Stable 1913, to Selenal 27, 191X, that I last saw ht alive on March 27, 1914
7 AGE 1 If LESS than 1 day,hrs. 0 Rmin.?	and that death occurred on the date stated above, at 1 m, The CAUSE, OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work	Milmonary luberealing
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mps ds.
(State or country) Salisbury Md.	(Secondary) (Deration) Journal deed
10 NAME OF William J. Leonard	(Signed) , 16. 0.
11 BIRTHPLACE OF FATHER (State or country) 12 Maiden Name OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Mattie E. Windsor	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Marshand	At place of death yrs mos ds. State yrs mos ds.
Interment Allani Justian	Where was disease contracted, If not at place of death?————————————————————————————————————
(Address) 104 Paron St Salisbury	19 PLACE OF BURIAL OR REMOVAL MONTH DATE OF BURIAL 9. 19 M.
FILEMOR 30# 1914 N. PeTurner M. REGISTRAR	20 UNDERTAKER ADDRESS SED. C. Hell Salsbury
If more blanks are needed, address State Registral	e, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfuiwho have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—it is primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar meumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

childbirth or miscarriage, as "Pursperal septichaeinus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-Pronchopneumonia (secondary), 10 ds. Never report oma. Surcoma. etc., of is less definite; avoid use of "Tumor" for mally The contributory (secondary or intercurrent) tetanus) may be stated under the head Aiways qualify ail diseases resulting from (Recommendations on statement of (name origin; "Can Examples:



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County // y come Registration Dist. No. Ilf death occurred in a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above. 1 day,hrs. The CAUSE OF DEATH* OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributory Ohm certifica (State or country) Secondary (Duration) 1D NAME OF FATHER o back PARENTS 11 BIRTHPLACE, 191 4. (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Causes, state (1) Means or Injuny; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. ... _ ds. State ... Where was disease contracted. 14 THE ABOVE If not at place of death?. Former or usual residence. mportant. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necness of various pursuits can be known. The question duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be eutered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary fireman, etc. But in many who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Measles; Whooping eough; Chronie LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Iuauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustiou," State cause for Never report of



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CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

(165) STATE OF MARYLAND 3261 1 PLACE OF DEATH

County Wiconier	CERTIFICATE OF DEATH
A: A. VI.	Registration Dist. No
Village or City Franks (No. (No. (No.))	St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mariet, Mariet, Marriet, Marriet, Widowet, Orgivorced (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY; That I attended deceased from
DATE OF BIRTH DEC /6 , 1914 (Month) (Day (Year)	that I last saw ham allve on march st , 1914
7 AGE 2 yrs 2 mos 8 ds. OR min.?	and that death occurred on the date stated above, at
BOCCUPATION (a) Trade, profession, or particular kind of work	Drinkenas Corash (Duration) yrs. mos. ds.
State or country) Wicomico Co.	Secondary (Duration) yrs mos ds.
10 NAME OF FATHER WESley Michlos 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 Maiden Name OF MOTHER	(Signed) A Day, M. D. March 31, 1914 (Address) Justinuelle, md
12 MAIDEN NAME OF MOTHER CANAL Jones 13 BIRTHPLACE OF MOTHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (For Mospitals, Institutions, Transients, or Recent Residents) At place In the
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, If not at place of death? Former or usuel recidence.
(Address). JESUSVILL	PLACE OF BURIAL OR REMOVAL MACHINE 3, 1914
Filed	Le Mussich Branchis

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons Farmer or Planter, As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," gcnital," "Senile," ctc.), thenia," "Anaemia" (merely symptomatic), "Atrophy." cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) Injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; may be stated under the head of (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustlon," State cause for Never report



V. S. No. 1.

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RECORD Exact statement PERMANENT EXACTLY. properly classified. 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS should AGE of Information

PHYSICIANS should state of OCCUPATION is very carefully supplied. certificate. DEATH in piain terms, so See instructions on back of B.—Every Item CAUSE OF important. 3262 UNE

1 PLACE OF DEATH

STATE OF MARYLAND

County Muconnel	CERTIFICATE OF DEATH
Village or City Delmar Mel (No. 5 P. 2FULL NAME Ettic May Nico	Registration Dist. No. 333 St.; Ward) [If death occurred in a hospifal or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jernale White (Write the word)	16 DATE OF DEATH 3 3 , 1914 (Month) (Day (Year)
Angli 932d 1919 (Year)	that I last saw h 2 alive on 1141 5 , 1914.
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at 2 3 ° P m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Indusfry, business, or establishmenf in which employed (or employer)	(Ourafien) yrs. mos White
10 NAME OF FATHER M. 11. 11.	Contributory Secondary (Duraflon) yrs mos ds. (Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) Mary Land 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Hemicidal.
13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death yrs mos ds. State yrs mos ds
(Informant) William J. Nichols	Where was disease contracted, If not af place of death? Former or usual residence
(Address). Delman Acl.	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL / P. 9.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not material worked on may form part of the second Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupaespecially in industrial employments, it is nec-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

naut neoplasms); Measles; Whooping eough; Chronic childbirth or miscarriage as "Puerperal septiehae thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. cause. etc., when a definite disease can be ascertained as the mus," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronehopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from "Old Age," "Shock," "Uraemia," "Weakness," Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



CERTIFICATE OF DEATH Registration Dist. No. 333 Ill desib decerred in a heapful in institution of street and sumber. PERSONAL AND STATISTICAL PARTICULARS BEX COLOR OR RACE SAMPLE (Word) COLOR OF BURNIA (Word) COLOR OF BURNIA (Word) COLOR OF BURNIA (Word) CONTRIBUTION CON	PLAGE OF DEATH	STATE OF MARYLAND
Village or City Salvony (No. 13. Canadar Size St.: Ward) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND	Courty Will Amign	CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE SHIFTLE, WINDOWCO, Sungle (Month) (Day) (Day) (Nonth) (Day) (Year) TAGE If LESS than I day, Mrs. POCCUPATION PATHER PROPERSON, OF DEATH (Sommin, 7) Secondary) Secondary (State or country) PARTICULARS MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Year) 17 AUE If LESS than I day, Mrs. The CAUSE OF DEATH Make of Make	County II LEVELUCE	Registration Dist. No. 233
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH (Month) (Month) (Month) (Month) (Day) (Yoar) MEREBY CERTIFY, That alteredad deceased from the date stated above, at 191	Village or City & alirbury (No. 13.	
SEX **COLOR OR RACE **SINCELE, **MARKED, **DATE OF BIRTH **DOATE OF BIRTH **DATE OF BIRTH **DOATE OF BIRTH **DOA	* FULL NAME Willie Gertrud	give its NAME instead
DATE OF BIRTH Oct. (Month) (Day) (Year) (Month) (Day) (Year) TAGE If LESS than 1 4 1 last saw h 1 silve on Market 1 last saw h 1 silve 1	PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF DEATH
TAGE (Month) (Day) (Year) TAGE (Month) (Day) (Year) If LESS than and that death occurred on the date stated above, at // 30 fm, 1 day, hrs. or. min. ? OCCUPATION (a) Trade, profession, or particular kind of work. (B) General nature of industry, business, or establishment in which employed (or employer) OF AIRTHPLACE (State or country) Wicomarch Co. Mod. OF FATHER (State or country) Magaland 11 BIRTHPLACE (State or country) Magaland 12 MAIDEN NAME OF MOTHER (State or country) Magaland 13 BIRTHPLACE (State or country) Magaland 14 THE ABOVE IS TRUE TO THE WEST OF MY KNOWLEDGE (Informant) Merca to Oliphand (Address) Salishman (Monther Formation) Magaland 14 THE ABOVE IS TRUE TO THE WEST OF MY KNOWLEDGE (Informant) Merca to Oliphand (Address) Salishman (Monther Formation) Magaland 15 Filed Magaland (Monther) Magaland 16 LENGTH OF RESIDENCE (FOR HOBPITALS. INSTITUTIONS, TRANSIENTS, on RECENT RESIDENCE (FOR	MARRIED, WIDOWED, WINGLE	(Month) (Day) (Year)
TAGE If LESS than 1 day, hrs. or mos. // ds. or min.? OCCUPATION (a) Trade, profession, or particular kind of work. OB General nature of industry, business, or establishment in which employed (or employer) OS SIRTHPLACE (States or country) IT BIRTHPLACE (State or country) OF MOTHER (State or country) And DATE OF BURIAL OF BURIAL OR SEMBOVAL I SIRTHPLACE (State or country) And DATE OF BURIAL OR SEMBOVAL I SIRTHPLACE (State or country) And DATE OF BURIAL OR SEMBOVAL Alpice (Informant) And DATE OF BURIAL OR SEMBOVAL (Midress) Application Application OF MOTHER (State or country) Application OF MOTHER (State or country) Application I BERNAPIACE (State or country) Application OF MOTHER (State or co	Oct. 15-h 1886	March 21 11
BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) PATHEMPLACE (State or country) PA		11-201
BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) PATHER PILLACE (State or country) 10 NAME OF PATHER PILLACE (State or country) 11 BIRTHPLACE (State or country) 12 MAJDEN NAME OF MOTHER JOANNAME OF MOTHER JO		
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 GIRTHPLACE (State or country) 10 NAME OF TATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF AND		
business, or establishment in which employed (or employer) 9 GIRTHPLACE (State or country) 10 NAME OF FATHER William A. Oliphant 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER PAWAMAG. Gordy 13 BIRTHPLACE OF MOTHER PAWAMAG. Gordy 14 THE ABOVE IS TRUE TO THE YEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE YEST OF MY KNOWLEDGE (Informant) (Informant) 16 Filed May 28, 1817. May June 16 Filed May 28, 1817. May June 16 Filed May 28, 1817. May June 16 Filed May 28, 1817. May June 16 Filed May 28, 1817. May June 16 Filed May 28, 1817. May June 16 Filed May 28, 1817. May June 16 Filed May 28, 1817. May June 16 Filed May 28, 1817. May June 16 Filed May 28, 1817. Anay June 17 PALE OF BURIAL 3 P.M. 20 UNDERTAKER ADDRESS July May June 16 July May June 17 July 18 July	(a) Trade, profession, or	Gulmay Subliculoses
OF PATHER COUNTRY) 10 NAME OF COUNTRY) 11 BIRTHPLACE OF FATHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE WEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE WEST OF MY KNOWLEDGE (Informant) 15 Filed May 1, 191 T. May June 16 Filed May 1, 191 T. May June 17 18 LENGTH OF RESIDENCE (FOR HOSPITALE. INSTITUTIONS, TRANSIENTS, OR RECEIPT RESIDENCE (Informant) 18 LENGTH OF RESIDENCE (FOR HOSPITALE. INSTITUTIONS, TRANSIENTS, OR RECEIPT RESIDENCE (Informant) 19 PLACE OF BURIAL OR REMOVAL 1	business, or establishment in	(Duration) / yrs. mos. ds.
(Signed) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) Mayland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address) Dalyhuny Mayland (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Signed) (Signed) (Address) (Address) (Address) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Signed) (Address) (Address) (Address) (Signed) (Address) (Address) (Address) (Signed) (Address) (Address) (Address) (Address) (Signed) (Address)		(Secondary)
*Ridte the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 13 SIRTHPLACE OF MOTHER (State or country) Mayland (State or country) Mayland 14 THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE (Informant) Plevia 6. Oliphand (Address) Salishnry Md. (Address) Salishnry Mayland (Address) Salishnry Mayland (Address) Salishnry Mayland (Address) Salishnry Mayland (Address) Salishnry Md. (Address) Salishnry Mayland (Address) Sali	FATHER I illiam A. Oliphant	(Signed) Shy 6 Talgdie , M. D.
13 BIRTHPLACE OF MOTHER (State or country) Maryland 14 THE ABOVE IS TRUE TO THE FEST OF MY KNOWLEDGE (Informant) Plevia (o. Oliphan) (Address) Salishny Mod. 15 Filed May Lynn. Filed May Lynn. Filed May Lynn. Filed May Lynn. 18 LENGTH OF RESIDENCE (FOR HOSPITALS. ENSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR HOSPITALS.) 14 THE ABOVE IS TRUE TO THE FEST OF MY KNOWLEDGE (Informant) Plansies (Address) Salus Structure (Structure) (Str	O 11 BIRTHPLACE OF FATHER	August J. J. (Auuress)
13 BIRTHPLACE OF MOTHER (State or country) Maryland 14 THE ABOVE IS TRUE TO THE FEST OF MY KNOWLEDGE (Informant) Plevia (o. Oliphan) (Address) Salishny Mod. 15 Filed May Lynn. Filed May Lynn. Filed May Lynn. Filed May Lynn. 18 LENGTH OF RESIDENCE (FOR HOSPITALS. ENSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR HOSPITALS.) 14 THE ABOVE IS TRUE TO THE FEST OF MY KNOWLEDGE (Informant) Plansies (Address) Salus Structure (Structure) (Str	(State or country) (State or country) (State or country)	CAUSES, State (1) MEANS OF INJURY; and (2) Whether Acciden.
(Informant) Olevia 6. Oliphant— (Address) Salishny Mol. (Address) Salishny Mol. 19 PLACE OF BURIAL OR REMOVAL Mol. 10 PLACE OF BURIAL OR REMOVAL Mol. 11 PLACE OF BURIAL OR REMOVAL Mol. 12 PLACE OF BURIAL OR REMOVAL Mol. 14 PLACE OF BURIAL OR REMOVAL Mol. 15 PLACE OF BURIAL OR REMOVAL Mol. 16 PLACE OF BURIAL OR REMOVAL Mol. 17 PLACE OF BURIAL OR REMOVAL Mol. 18 PLACE OF BURIAL OR REMOVAL MOL. 19 PLACE OF BURIAL OR REMOVAL MOL. 19 PLACE OF BURIAL OR REMOVAL MOL. 10 PLACE OF BURIAL	13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place in the of death yrs mos ds.
(Address) Salisbury Md. 19 PLACE OF BURIAL OR REMOVAL MAN, DATE OF BURIAL 3 P.M. 16 Filed May 28, 1914, May June. Physical Registrar 19 PLACE OF BURIAL OR REMOVAL MAN, DATE OF BURIAL 3 P.M. 20 UNDERTAKER 10 Jalisbury ADDRESS ADDRESS ADDRESS	14THE ABOVE IS TRUE TO THE FEST OF MY KNOWLEDGE	
(Address) Salisbury Md. 19 PLACE OF BURIAL OR BEMOVAL MAN DATE OF BURIAL 3 P.M. 16 Filed May 28, 1914, May June: Parsons bem, Salisburg Mches 28, 1914 20 UNDERTAKER Jepty Registrar Jepty Registrar Jepty Registrar Jepty Registrar Jepty Registrar Jepty Registrar	(Informant) levia to, Kyphant	
Filed May 28, 1914. May June. 20 UNDERTAKER JADDRESS Deputy REGISTRAR GER. G. Hell Salisbury		19 PLACE OF BURIAL OR REMOVAL MALE DATE OF BURIAL 3 P.M.
At more blanks are needed, address State Registrar & H. Franklin St. Relto, Population V. S. N. 1	Filed May 28, 1914. May Junes	20 UNDERTAKER ADDRESS
De la	If more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness. duties of the household only (not paid Housekeepers statement. material worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative leaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "PUEBPERAL septicharcause. Always qualify all diseases resulting from "Hart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Mcastes (disease causing death), 29 ds. ture of the American Medicai Association.) cause of death approved by Committee on Nomencia "Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of __ is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of etc. (name origin: "Can State cause for Examples:



	RECORD	PHYSICIANS should state t of OCCUPATION Is very
No. 1. MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.
Z		MOT

3	2	6	4	

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Odditty . 44 Lett. I. I. K. M. L. I	334/
10'1	Registration Dist. No. 3
Village or Gity Salls My (No,	St.; Ward) [If death occurred in a hospitel or Institution,
· 11 · 11	give its NAME Instead
* FULL NAME Lenrietta lars	ker of street and number.]
	11
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	16 DATE OF DEATH Warch 25th 10124
Fernale White (Write the word)	(Month) (Day) (Year)
8 DATE OF BIRTH	I HEREBY GERTIFY, That I attended deceased from
Oct. 24th 1825	mch 14, 1914, to March 18, 1914,
(Month) (Day) (Year)	that I last saw h. On alive on Morel 8, 1914
7 AGE If LESS than	and that death occurred on the date stated above, at & A m.
80 7 1 day,hrs.	The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Trade, profession, or	Delatation of plant
particular kind of work	
(b) General neture of Industry, business, or establishment in	(Burotian) ure mee
which employed (or employer)	(Quration) yrs mos ds.
9 BIRTHPLACE (State or country)	(Secondary)
Micomico 60. Mid.	(Baration) yrsmosds.
10 NAME OF PATHER	(Signed) Comments
o mana, arker	Mch 18th H (Address) Salsbury and
OFFATHER (State or country) Maryland 12 Maiden Name OF MOTHER Y2 44 1 1	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Hottie Parker	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	at place in the of deeth yrs mos ds. State yrs mcs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
P . M Parker	If not at place of death?
(Informant) for my surface of the su	usual residence
(Address) Salsabury Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Varsono Bem, Salisbury Mid Moh. 27th 2-80111
Filed Mach 269 1914	20 UNDERTAKER ADDRESS
Program	Pho P M. III.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

NB

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcine

cbildbirth or miscarriage, as "Puerperal scottchacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrbage," "Inanition," "Maras. ample: Mcastes (disease causing death), 29 ds. affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPEBAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Sbock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," (Collapse." "Coma," "Convultions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) may be stated under the bead (Recommendations on statement of (name origin; "Can Examples:



No. 02

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS N. B.—Every Item of Information should be carefully supplied. CAUSE OF DEATH In plain terms, so that it may be in See instructions on back of certificate. WRITE PLAINLY, WITH Important. 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

222

1 . (Registration Dist. No.
VIHAGE OF CITY Salisbury (No. , a same)	St.; Ward) St.; If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIOWED, WIOWED, OR OIVORCEO (Write the word)	18 DATE OF DEATH Sund Man (8 , 191) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Max 18 , 1814 (Month) (Day) (Year) AGE it LESS than	that I last saw h alive on ,191
AGE IT LESS THAN 1 day,hrs. 1 day,hrs. ORmln.?	and that death occurred on the date atated above, at
(a) Trade, protession, or particular kind of work	(Duration) yrs. mos. ds
BIRTHPLACE (State or country)	Contributory (Secondary) (Duration) yrs mos ds
10 NAME OF FATHER Walley B. Lewis N.B. 11 BIRTHPLACE OF STATE (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER D. T. 10 P.	(Signed) AV. Walley M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death? Former or usual residence.
Flight 19, 191 & N. P. Jumin	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL 1914 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as the nature of the business or indust, y, and therefore an cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illshould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not minc, etc. statement. material worked on may form part of the second It should he used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, If Impossible to determine definitely. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Tracmia," "Weakness." affection need not be stated unless important. cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage. as "Purreman scotichae--Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convultions," "Debility" ("Con thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of . ture of the American Medical Association.) scpsis, tetanus) Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head __ (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificats is permanently filed.

APR 4 1914
BUREAU, V.S.

MARGIN

S. No. 1.

B ż

RECORD PERMANENT K UNFADING INK-THIS IS WRITE PLAINLY, WITH

Every Item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

---Ward)

If death occurred in a hospital or institution,

FULL NAME Ruth Clis	abeth Parsons of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIGOWE, WIGOWED, WIGOWORCED ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH 3 /0 ,1914 (Month) (Day (Year)
O DATE OF BIRTH 9 2 (Month) (Day (Year)	17 I HEREBY GERTIFY, That I attended deceased from
85 yrs 9 mos 2 ds. 1 day,hrs.	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	No doctor (Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF	Gontributory Secondary (Duration) yrs mos ds.
FATHER Wm. Middleton 11 BIRTHPLACE OF FATHER (State or country) M.	*State the DISEASE CAUSING IDEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
14 THE ABOVE IS FRUE TO THE BEST OF MY KNOWLEDGE (Informant) Sallie E. Parsons	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Litterlle, Md., 15 3/11 1914 J. Frank Truitt	Parene Burying 3/11/1914 20 UNDERTAKER Parene Parene Address AND Parene Day To Jack to 210
The state of the s	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," cte., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) "Laborer," "Foreman," As examples: For persons (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), thenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasics (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occorred in a hospital or institution. give its NAME instead of street and nomber.] & Lydous PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIEO. WIDOWED. (Month) (Year) ORDIVORCEO I HEREBY CERTIFY. That I OF BIRTH Mar (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at f dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or Jousema particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _____ yrs. ____ mos. __ State ____ . ds. Where was disease contracted. MY KNOWLEDGE if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has "Manager," "Dealer," etc., without more precise speciit should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples: The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUEBPERAL peritonitis," etc. aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaenus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failurc," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, "Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Ex-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1914
BURDAU, V.S.

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	RECORD	PHYSICIANS should s
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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PLACE OF DEATH 3268 County Unicomico	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Salisbury (No903,	Registration Dist. No. 3 4 Constitution of street and number.] Registration Dist. No. 3 4 [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
G DATE OF BIRTH 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, Wirte the word (Write the word) (Month) (Day (Year)	16 DATE OF DEATH Mcl 2, 1914 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191, to 191, 191, 191, 191, 191, 191, 191, 191
7 AGE If LESS th 1 day,h ORmin.	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) , M. O. (Signed) , M. O. Address) Substituting Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Callarad Pariselled	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, If not at place of death?
(Address) 90 3 Delawes St. Salesling 16 Filed. March 3", 1914, Boding Junes REGISTHAR	19 PLACE OF GURIAL OR REMOVAL ABUSINES CONTROL 20 UNDERTAKER ADDRESS Salulary Ind egistrar, 6 E. Franklin St., Ralto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

pneumonia"); Lobar pneumonia; Bronchopneumonia CAUSING DEATH (the primary affection with respect to lesis of lungs, meninges, peritonaeum, etc., term for the same disease. time and cansation), using always the same accepted ("Pnenmonia," "Croup";) fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE meningitis"); Typhoid fever (never unqualified, is indefinite): Tubercu-Diphtheria Examples: Cerebrospinal report "Typhoid "Epidemic cere-(avoid nse

> valvular heart disease; Chronic interstitial nephritis; nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canchildbirth or miscarriage as "Puerperal septichucmus." "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated nulcss important. schsis, tctanus) injury, as fracture of skull, and consequences (c. g., by earbolic acid-probably snicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State canse for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ample: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver around of head-homicide; Poisoned Accidental drowning; Struck by railway train-aeciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.: "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," Never report



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Gounty Meannee	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Salislany (No. 13 7 Prchards	Registration Dist. No. 3.3. [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, married wipower, or Divorce (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
B DATE OF BIRTH Aug P 1842 (Month) (Day) (Year)	The Hereby Certify, That I attended deceased from Mcl 7, 1914, to Mcl 24, 1914, that I last saw have alive on Mcl 24, 1914
TAGE It LESS than t day,hrs. ORmin.? ORmin.?	and that death occurred on the date stated above, at
(b) General natore of industry, business, or establishment in which employed (or employer)	Georga ayour and grand des.
(State or country) 10 NAME OF FATHER MI 11 BIRTHPLACE OF FATHER (State or country) MA	(Signed)
of Mother Leviera Bowen 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death
(Address) Salis Savis Mal	19 PLACE OF BURIAL OR REMOVAL OVER SECTION OF SALSLY POLICE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS ADDRESS Salsly AND
more blanks are needed, address State Regis trar, 6 1	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative lealthful (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

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mus," such, if impossible to determine definitely. childbirth or miscarriage, as "Puezperal acptichaeetc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sensis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Tuerperal peritonitis," etc. State cause for -Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Dehility" ("Conthonla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Okronic interstitial nephritis neat neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," 'Traemia," "Weakness," Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.: "Senlle." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report Examples:

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APR 4 1914
BUREATANS.

V. S. No. 1.

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PLAGE OF DEATH 3270 Gounty Meanuer	STATE OF MARYLAND CERTIFICATE OF DEATH
In I have shiff sa	Registration Dist. No. 3333
2 FULL NAME ETTEL & RICH	Canden Distist; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MOYNULA	16 DATE OF DEATH Musch 19, 1914 (Month) (Day) (Year)
STATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw her allve on March 16 1914
age if LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at I m. The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or Abousewell particular kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Mulmonary (Klouration) from tops 2000s.
(State or country)	Contributory (Secondary) Ducation Ars. mos de
10 NAME OF Goldslough Rusch	(Signed) Dir. H. Lody, Mg D.
OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SHICKNEY OF HOWEVER.
of Mother Rosa Smuller	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TO ANNUAL PROPERTY OF THE P
13 BIRTHPLACE OF MOTHER (State or country) Mc	At place of seath yrs. 3 mos. 2% ds. State yes mos. ds
(Informant) Ely & Ruark	Where was disease contracted, If not at place of death? Former or usual residence.
(Address), Salisbury Mel R & # 4	19 PLACE OF BURIAL OR HEMOVALO DATE OF BURIAL
Flied Gran 18, 1914. Luny Turner.	20 UN DERTAKER APDRESS
Alepsely. REGISTRAR If more bianks are needed, address State Regis trar, 6	E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industry; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when necded. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative lealthfulbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons 9

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tudereutosis of lungs, meninges, pertionaeum, etc.. Carcin

childbirth or miscarriage, as "Purpresal septiehaecause of death approved by Committee on Nomencla "Contributory." such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can he ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Come," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease cansing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . ture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (secondary), 10 ds. Never repor is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Old Age," "Shock," "Traemia," "Weakness," liways qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may he stated under the head (name origin; "Can death), 29 ds.; State cause for Examples:

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APR 4 1914
BUREAU. V.S.

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PLACE OF DEATH 3271 County Micronics	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Selisbury (No. 5 Parties of Seab	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Stringer, Wishows, Ordow or BIRTH	(Month) (Day (Year)
	1914, to Musth 1. 1915
7 AGE Stout Gg yrs min mos con or min?	and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs mos 6 ds. Contributory Calles a Secondary
10 NAME OF SECTION OF STATHER SECTION OF STATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Signed) (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Matida Miles 13 BIRTHPLACE OF MOTHER (State or country) Maryland 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) MAS. M. E. Darman	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? Former or osual residence.
(Address) Salarburg, Kus. Filed Stran 1 1914. Stray Turner, Sapuly, REGISTRAR If more blanks are needed, address State Regis	19 PLACE OF BURIAL OR REMOVAL Partons General Salsofury ADDRESS Jes. C. Hull trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nection is very important, so that the relative healthfulduties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; For many occupations a single word or term on the applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by curbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of (secondary or intercurrent) State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 4 1914

BUREAU. V.S.

V. S. No. 1.

		should state
	RECORD	PHYSICIANS of OCCUPAT
2.1	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1.		. N.

PLACE OF DEATH 3272	STATE OF MARYLAND
County Micomics	CERTIFICATE OF DEATH
0011	Registration Dist. No. 334
Village or City Salsobusy (No.	St.; Ward) [It death occurred in a hospital or institution,
	give its NAME instead of street and number.
FULL NAME Cosession Corps	elle Spritte
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4 COLOR OR RACE MARRIED, Married Wilder, ORDIVORCED (Write the word)	16 DATE OF DEATH Mark (Month) (Day (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
1860	11 5m. March 4, 1914, to 2 to A. M. March 5, 1914.
(Month) (Day (Year)	that I last saw h.M. alive on
AGE It LESS than 1 day,hrs.	and that death occurred on the date stated above, at
TAGE (MONTE) (Day (Year) It LESS than 1 day,hrs. ORmin.?	THE GAUSE OF BEATTA Was as follows:
(a) Trade, protession, or	<u> </u>
particular kind of work house the company of the co	Corelogal J
business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
BIRTHPLACE (State or country) / /	Contributory Secondary
Ballmore Olla	Down (Boration) yrs, mos ds.
10 NAME OF FATHER Champion and has been	(Signed) Tr. H. Fold N.D.
11 BIRTHPLACE	March 4, 191 & (Address Salisting MM)
State or country) Trans	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
(State or country) Mary Cana	At place of death yrs, mos ds. State yrs, mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Informant) to reduce Le, Smith	Former or usual residence
(Address) Salisbury Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OCH
5	Parsons Cem. Salisbury Mch. 7th 2614
Filed Mole 6 " 1914	20 UNDERTAKER ADDRESS
If more blanks and add add and State B	Ser. E. Tell Salisbury
II more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Imd.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," The (b)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic affection need not be stated unless important. cer" is less definite; avoid use of "Timor" for mallgoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marasgenital." "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Meastes (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head State cause for Never report



PLAINLY, WITH UNFADING INK-THIS IS

AGE

See instructions on back of certificate.

-Every Item of Information should be CAUSE OF DEATH In plain terms, s

0 ż important.

No. 1. σŝ

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

PERMANENT stated EXACTLY. 3273



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 334

Village or City Fear Sales Lugno.	St.; Ward) [If death occurred in a hospital or institution,
FULL NAME Shis Eliza	beth Thompsons. give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE. MARRIEO, WIDOWED HIS ABOVE MARRIEO, WIDOWED HIS ABOVE WIDOWED HIS ABOVE Widower His Above Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
7 AGE (Month) (Day (Year)	that I last saw her alive on Mor 22 , 1914.
8 7 yrs 9 mos 0 ds OR min. ?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry.	Calaung Tu Triple
business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Hayre. This. 10 NAME OF FATHER John Lent.	Contributory Secondary (Duration) yrs mos ds. (Signed) OD L. Me and here, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 Mainten NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds
(Informant) I del hise Hansow.	Where was disease contracted, If not at place of death? Former or usual residence.
Filed Mode, 23", 1914	Mendallyandotte Co. Ohis Shipped Med. 24 1914. 20 UNDERTAKERY ADDRESS ADDRESS
	istrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not (a) Spinner, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-accimia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichac-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustlon," State cause for Never report



No. ń

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of OCCUPATION PHYSICIANS RECORD statement PERMANENT EXACTLY. stated ciassified. pe should properly AGE supplied. pe UNFADING may certificate. = carefully that 80 of WITH be back terms. should 0 DEATH in plain Instructions information WRITE 50 Every item Important.

state

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Count

3 SEX

TAGE

PARENT

15

6 DATE OF BIRTH

BOCCUPATION

(a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

OF MOTHER

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country

(b) General nature of industry,

business, or establishment in

Village or City Meer Valloarlle

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

which employed (or employer)

² FULL NAME

1 PLACE OF DEATH	3274	do	alt
y. Wacinian		97	-3

5 SINGLE,

MARRIED, WIDOWED.

Write the word)

(Day)

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

7	Registration Dis	Registration Dist. No.		
o,	St;Ward	[It death occurred is a hospital or institution give its NAME instead of street and number.]		
my.	Lan ugale	900		
RS	MEDICAL CERTIFICATE OF	DEATH		
	18 DATE OF DEATH Moh	19, 1914 (Day) (Year)		
1) Marses	17 I HEREBY CERTIFY, That I mach 10 , 1913, to mach	attended deceased from		
(Year)	that I last saw h alive on	19,1914		
1 day,hrs.	and that death occurred on the date atated of the CAUSE OF DEATH* was as follows:	above, at 3 P m.		
	Contributory as flag & i.a. Ly (Secondary) (Duration)	returner nucos		
ele	(Signed) L. G.	Treny M. D.		
	*State the DISEASE CAUSING DEATH, or, i CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.	deaths from VIOLENT (2) whether Acciden-		
2	18 LENGTH OF RESIDENCE (FOR HOSPITALS, I OR RECENT RESIDENTS) At place In the of death yrs mos ds. State			
EDGE	Where was disease contracted, it not at place of death? Former or usual residence			
Market H	Line M. E. Cemetary	3/22, 191 4		
REGISTRAR	Am florsino	Theteo velle 10 2		

[Approved by L. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of ilibeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekecpers additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the husiness or industry, and therefore an Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupaetc. If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcinosts

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Puerperal septichaeetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senlie," etc.), "Dropsy," (Recommendations on statement of (disease causing "Convuisions," "Debility" ("Con-(name origin; "Candeath), 29 ds., "Exhaustion," Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 8 1914
BUREAU, V.S.

	RECORD	PHYSICIANS should state
No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.

V. S. No. 1.

3275

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

County Winomin	CERTIFICATE OF DEATH
	Registration Dist. No. 33 2
Village or City hear Pawellorbls (No	St.; Ward) [it death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Male White Single, Married, Widowed, Widowed, Wirde the word Widower.	16 DATE OF DEATH Mch 25 , 191 4 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Marsh 15, 1839 (Month) (Day (Year)	that I last saw h was allve on Mch > J , 1914.
TAGE It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.	Just the something
(b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Duratien) yrs. mos 7 ds. Contributory Lully Secondary
10 NAME OF FATHER LONGE. Trutt	(Signed) (Duration) yrs mos ds. (Signed) L. Greeny, M. D. Nuch 26, 191 L. (Address) Pitts will 2.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residents) At place In the of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Lea White	Where wes disease contracted, it not at place of death? Former or usual residence.
(Address)	Paisons benuty Solisbury March 27 a, 1914. 20 yn DERTAKER 20 Lell Solisbury ADDRESS OFFICE OF BURIAL ADDRESS OFFICE OF BURIAL ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

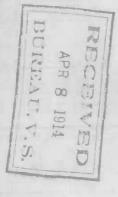
[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulgainfully employed, as At school or At home. mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: Civil engineer, Stationary fireman, etc. But in many who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as dutles of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal medingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia disease of lungs, meninges, peritonaeum, etc., Carcinlesis of lungs, meninges, peritonaeum, etc.,

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." scpsis, tctanus) may be stated under the head by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inapition," "Maras-Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report

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DEATH in plain terms, so that it may be i

certificate.

See instructions on back of

CAUSE OF I important.

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PHYSICIANS should state of OCCUPATION is very

RECORD

PLACE OF DEATH 3276

County Wievenies Village or City Mardela Ind (No.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[If death occurred in a hospital or institution,

FULL NAME Shormas Or Vena	give its name instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Male While Single, Married Wooden, Wille (Write the word)	16 DATE OF DEATH AND 3 (, 1914 (Month) (Day) (Year) 17 (I HEREBY CERTIFY, That J attended deceased from		
B DATE OF BIRTH (Month) (Day) (Year)	that I last saw h. Malive on Musicy 81, 1914		
7 AGE It LESS than t day,hrs. ORmin. ?	and that death occurred on the date stated above, at		
8 OCCUPATION (a) Trade, profession, or Salourer particular kind of work. Salourer	Alphulis & Macinia		
(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory Adams Medical des		
9 BIRTHPLACE (State or country) (Ind	(Secondary) (Secon		
10 NAME OF FATHER Wilham W Venuleles 11 BIRTHPLACE	(Signed), 191 4. (Address) Stales has M. D.		
Z (State or country) (Mall 12 MAIDEN NAME OF MOTHER A	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.		
13 BIRTHPLACE OF MOTHER (State or country) Md	BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted.		
(Informant) & B DENales	it not at place of death?		
(Address) Mardela and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Brandela Remalary 4,1914		
Filed, 191	20 UNDERTAKER ADDRESS Q & Leabreare Miardely augo		

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. As examples additional line is provided for the latter statement; the nature of the business or industy; and therefore an minc, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in maus Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." For persons (0)

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) injury, as fracture of skull and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Collapse," "Coma," "Convuisions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Maras. mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report The contributory Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may he stated under the head (secondary or intercurrent "Dropsy," "Exhaustion," "Taemia," "Weakness," (name origin; "Candeath), 29 ds. State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

state	PLACE OF DEATH 3277	STATE OF MARYLAND CERTIFICATE OF DEATH
SICIANS should	County Masonico les	Registration Dist. No. 3.3.3
HYSICIAN of OCCUP.	FULL NAME Julia Malla	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
7 #	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACTLY.	Jemale White the word)	16 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
ould be stated Ecast	ODATE OF BIRTH Del. 25-, 1465 (Month) (Day (Year)) 7 AGE If LESS than	that I last saw has allve on Man 20, 191
AGE should properly class	If LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at
ily supplied. It may be leate.	(a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) PRIPTHPLACE (State or country)	Contributory Secondary (Duration) Yrs
should be conterms, so on back of	10 NAME OF FATHER Thomas Boyman 11 BIRTHPLACE OF FATHER (State or country) Somerat bo. 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
item of information of OF DEATH in plair ant. See instructions	13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death
N. B.—Every item GAUSE OF Important.	16 (Address) 1914 P Junior Registrar If more blanks are needed, address State Registrar	PATE OF BURIAL OR REMOVAL PATE OF BURIAL PA AND COLUMN Salisbury Mod State 2 good, 1914 20 UNDERTAKER Strar, G. E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, "Foreman," The (4)

Statement of cause of death—Name, first, the disease causeno death—Name, first, the disease causeno death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustiou," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



BINDING C 0 ۵ ERV ы œ ZOU

PLACE OF DEATH
County Wichmiss

3278 (103

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

ot street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED, Was Linus (Month) (Day (Write the word) (Year CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH * was a follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duratien) which employed (or employer) BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER (Signed PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. State _____ yrs. ____ mos. _ ds. Where was disease contracted, It not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL 15 OUNDERTAK ADDRE REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Ralto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive CAUSING DEATH, state occupation at beginning of ill-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer, The

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ascalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify us mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scotichacetc., when a definite disease can be ascertained as the genltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by eurbolic acid-probably suicide. The nature of the dent; Revolver, wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from "Heart fallure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for

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PLAINLY, WITH UNFADING INK-THIS IS A

WRITE

N.B.

S. No. 1.

PERMANENT

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD Every Item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back o

STATE OF MARYLAND CERTIFICATE OF DEATH

332 Registration Dist. No

.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Single, wipowed, wipowed, or Divorced (Write the word)	16 DATE OF DEATH May, 1914 (Month) (May (Year)
6 DATE OF BIRTH Feb. 4,1914	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE 4 Welke If LESS than 1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, of particular kind of work	no doctor
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
State or country)	Secondary Secondary
10 NAME OF FATHER LITT WELLS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME ALANGE (1) 000.	(Signed) XH J Local 19 9. (Signed) XH J Local 19 9. (Signed) XH J Local 19 9. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address)	19 place of Burial or REMOVAL Harlows Cemetery 20 UNDERTAKER DATE OF BURIAL ADDRESS ADDRESS
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the DISMASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

which surgical operation was undertaken. mia," "PUERVERAL peritonitts," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of....... (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Scnile," etc.), Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," Never report

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sent out for orginature

	RECORD	PHYSICIANS should of OCCUPATION IS
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a E OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ant. See instructions on back of certificate.
		- M 44

mportant. Every Ite

state

.Ward)

PLACE OF DEATH 3280	STA	STATE OF MARYLAND		
County Meanier	CERTI	FICATE OF	DEATH	
Samafaria	Re	gistration Dist	No. 33	

Village or	City Phillery	(No.13	loa	molnex	first
					J L.,

Ilt death occurred in a hospital or institution, give Its NAME Instead

ADDRESS

ot street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED, (Month) ORDIVORCED (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 10-15 %, m. t dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) -----BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place In the of death yrs, mos. ds. State yrs. ____ mos. Where was disease contracted. BEST OF MY KNOWLEDGE It not at place of death?. Former or usual residence DATE OF BURIAL (Address

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Care dutles of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer." etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanitlon," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name orlgin; "Can-The contributory (secondary or intercurrent) (Recommendations on statement of State cause for

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